



REQUEST FOR MODIFICATION: Change Employer /Grant Administrators

INDIANA DEPARTMENT OF WORKFORCE DEVELOPMENT

Grantee Information

Grant Number: _____ Requested Date for Change: _____

Grantee Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Remove Employer (Consortium)

Name: _____

Address: _____

City, State, Zip: _____

Remove Administrator

Name: _____

Address: _____

City, State, Zip: _____

Add Employer (Consortium)

Name _____

Type of Business _____

Address _____

City, State, ZIP Code _____

Contact Name _____

- Email _____
- Telephone _____

FEIN _____

Number of Employees _____

Number of Trainees _____

Type of Training _____

Number of Credentials _____

Add Administrator

Name _____

Address _____

City, State, ZIP Code _____

Contact Name _____

- Email _____
- Telephone _____

FEIN _____

Reasons for Change:

Send To:

ATTN: Market Development
Indiana Department of Workforce Development
10 N. Senate Avenue, SE205
Indianapolis, IN 46204-2277

For Any Inquires Contact:

Brett Wineinger
Email: Bwineinger@dwd.in.gov
Phone: 317-233-5514
Fax: 317-232-1821

Applicant Authorization:

Name _____

Title _____

Signature _____

Date _____

Internal Use Only

Approved by: _____

Date: _____